

Check #: _____ Cash: _____ Scholarship: _____ **LLA** _____
(For Official Use Only)

BARNSTABLE LITTLE LEAGUE, INC.
P.O. BOX 912 CENTERVILLE, MA 02632

2009 Official Registration & Permission Form

Last Name: _____ First Name: _____

Street Address: _____ Mailing Address: _____

Town/Village: _____ State: _____ Zip Code: _____

Home Phone: _____ Date of Birth: _____ Sex: _____

Parent's Email: _____

Fathers Cell #: _____ Mother's Cell #: _____

Father's Last Name: _____ First Name: _____

Mother's Last Name: _____ First Name: _____

Work Phone: _____

Emergency Contact: _____ Phone: _____

Dues: Farm (\$100.00) _____ Minors (\$175.00) _____ Majors (\$175.00) _____ Seniors (\$200.00) _____

Excluding the Farm League you can earn a \$25 refund for volunteering 5 hours to Barnstable Little League, (Concessions, Field Work, Other)

Parent(s) Would Be Interested in:

Sponsoring a Team _____ Business Name: _____ Phone: _____

Managing a Team _____ Coaching _____ Volunteering _____

I/we the parents/guardian of the above-named child, hereby give my/our permission to participate in any and all Barnstable Little League activities. I/we know participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, thus, I/we hereby waive, release, absolve, indemnify, and agree to hold harmless Barnstable Little League Baseball, Inc., its organizers, sponsors, participants, board members, and persons transporting my/our child to and from any Bll activities for any claim arising out of an injury to my/our child, whether the result of negligence or for any other related thereto.

Signature parent/guardian: _____ Date: _____

Official Use Only: Return Player _____ Team _____